

AIRCRAFT MAINTENANCE REQUEST

A/C Tail Number: N		Date Prepared:	
Aircraft Make/Model/Year:		Assigned Unit:	
Crew Chief:		Home Phone:	
Airframe Hours:		Engine Hours:	
Maintenance Facility:	Location:	Phone:	Fax:

Problem(s): (If one repair item cost will exceed \$200, the vendor MUST call the crew chief listed above or the Wing Resource Manager listed below PRIOR TO performing work)

Maintenance Flight Request:

Requested times (Round Trip): _____

Dates to be flown: _____

Actual time flown: _____

Date actually flown: _____

The Maintenance Facility must Fax this information to the Wing Resource Management Director at 303-677-5009 for screening and a job order number. The Wing Resource Management Director (303-677-5011) will Fax the job order number to the Maintenance Facility. The job order number must be included on all invoices for the work. The original invoice for finished work should be mailed to the following address:

**COWG CAP/RM
19210 E. Breckenridge Ave. Stop 33
Buckley AFB, CO 80011-9525**

Job Order Number: _____

Date Assigned: _____

Signature of Authorizing Official

LO Coordination

Date